Provider Name:		Monitor Name:					
5-Day Reconciliation Wo <u>Instructions</u> : Enter the e in/sign out sheet. Next, meals served to the num	nrollment and enter the mea	l attendance Il counts for	information the previous	5 days in the second	chart. Compare	e the number of	
			Enrollment			Attendance**	
Child's Name:			Day(s)*	Usual Time in Car	e		
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
*Days of the week the ch **Write in the last 5 cons				To	tal		
	# of Meals Claimed						
	Breakfast	AM Snack	t Lunch	PM Snack	Supper	Eve Snack	
Date:							
Date:							
Date:							
Date:							
Date:							
Total Day of the Review							
Note:							